

# Youth Suicide

## Findings from a pilot for the National Violent Death Reporting System

Seventeen states collect detailed data on suicide as part of the US Centers for Disease Control and Prevention's National Violent Death Reporting System (NVDRS). Highlights from a pilot for the system (Harvard's NVISS pilot) are summarized below. **Findings cover all suicides that occurred during two years in four states and two counties.** See next page for methods and sources.

### MULTIPLE PROBLEMS

A total of 3,174 people died by suicide in the participating jurisdictions over two years; 145 were under age 18. Eighty-three percent of the youths were male, 92% were white, and 77% lived in metropolitan counties. Youths were less likely than adults to have had a mental health or substance abuse problem noted in the death investigation reports written by police and medical examiners or coroners (Figure 1). Youths often faced multiple problems, most frequently problems with friends or family, trouble at school, girlfriend/boyfriend problems, and legal trouble.

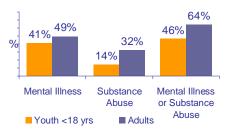


FIGURE 1. Percent of decedents with mental health problems noted in death investigation report, by age group.

In 41% of cases, death investigation reports noted the youths had either made a prior attempt (21%) and/or told someone they were thinking of suicide (31%).

## LITTLE ALCOHOL INVOLVEMENT

Most young victims had not been drinking before they committed suicide. Postmortem

blood alcohol tests were conducted on 76% of decedents. Among those tested, only 4% of youths tested positive compared with 36% of adults. Two-thirds of youths were tested for opiates, cocaine, amphetamines, or their metabolites. Of those tested, 9% tested positive for a drug and 14% tested positive for a drug or alcohol, compared with 24% and 55%, respectively, among adults.

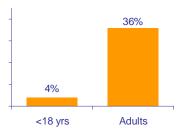


FIGURE 2. Positive blood alcohol test.

### SAME-DAY CRISES

Young people's suicides often followed a crisis. For over one in three, the police or medical examiner noted that a crisis such as an argument with a parent or relationship break-up occurred the same day as the suicide.

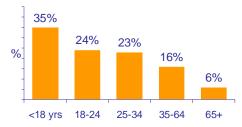


FIGURE 3. % of suicides occurring within 24 hours of a crisis, by age group







### **METHODS USED**

NOTES FACT SHEET

Youths primarily took their lives by suffocation (44%) or firearms (43%). Youths were the only age group for whom suffocation was the leading method of suicide. Few youths killed themselves by poisoning (usually pills) (8%), carbon monoxide (1%), or other methods (3%). Suffocation deaths were primarily by hanging. Youths who used firearms were about as likely to use a rifle or shotgun (48%) as a handgun (51%); gun type was reported for all but 1 case.

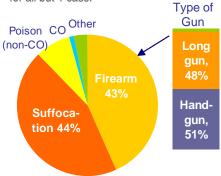


FIGURE 4. Method used in youth suicides. (CO refers to poisoning by carbon monoxide/other gases.)

### FIREARMS FROM HOME

Owner of gun used in youth suicide		
	#	%
Parent	33	75%
Other family	3	7%
Self, received from family	4	9%
Self, source unknown	4	9%
Total	44*	100%

Excludes 19 cases in which gun owner was not recorded in the death investigation report.

Information on how youths obtained the gun they used in a suicide was recorded by police or the coroner/medical examiner for 44 of the 63 firearm suicides. Among the 44, 82% used a gun belonging to a family member, usually a parent. Among the cases in which a youth used a family member's gun, 75% of the reports (n=27) included information about how the gun was stored. Among those, 64% were stored unlocked. When the gun was stored locked, the youths either knew where the key was kept, learned the combination, or broke into the cabinet.

#### THE NVISS PILOT

Data shown here cover all suicide deaths in 2001 and 2002 for which the injury occurred in one of four states (CT, ME, UT, WI) or two counties (Allegheny PA, San Francisco CA). Data were collected from the death certificate, coroner or medical examiner report, and police report. The agencies that provided these reports are gratefully acknowledged. Institutions that linked the data were Harvard School of Public Health, Medical College of Wisconsin, University of Utah, San Francisco Health Department, Connecticut Children's Medical Center, Maine Medical Center, and Allegheny General Hospital. The purpose of the NVISS pilot (National Violent Injury Statistics System) was to establish a federal reporting system for homicide and suicide.

#### **NVDRS**

The Centers for Disease Control launched the National Violent Death Reporting System (NVDRS) in 2002 to collect detailed information on homicide and suicide to assist prevention efforts. Currently 17 states participate (AK, CA [portions], CO, GA, KY, MA, MD, NC, OK, NM, NJ, OR, RI, SC, UT, VA, WI). The CDC plans to expand to all 50 as funds become available.

### SUICIDE PREVENTION RESOURCES

This fact sheet is part of a series by the Suicide Prevention Resource Center < www.SPRC.org> and Harvard Injury Control Research Center's NVISS project <hsph.harvard.edu/hicrc> to encourage use of the NVDRS to prevent suicide. Funding is provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) under Grant No. 1 U79 SM57392-02. Any opinions, findings, conclusions, or recommendations expressed here are those of the author and do not necessarily reflect the views of SAMHSA.



